Sprout
PEDIATRIC DENTISTRY

pediatric breathing questionnaire

Breathing/Airway	
☐ While sleeping, does your child snore more than half the time?	❑ Yes ❑ No
☐ While sleeping, does your child snore loudly?	❑ Yes ❑ No
☐ While sleeping, does your child have “heavy” or loud breathing?	❑ Yes ❑ No
☐ While sleeping, does your child have trouble breathing, or struggle to breathe?	❑ Yes ❑ No
☐ Have you ever seen your child stop breathing during the night?	❑ Yes ❑ No
☐ Does your child occasionally wet the bed, sleepwalk or have night terrors (circle any)?	❑ Yes ❑ No
☐ Does your child tend to breathe through the mouth during the day?	❑ Yes ❑ No
☐ Does your child have a dry mouth on waking in the morning?	❑ Yes ❑ No
☐ Does your child wake up unrefreshed in the morning?	❑ Yes ❑ No
☐ Is it hard to wake up your child in the morning?	❑ Yes ❑ No
☐ Does your child have a hard time with sleepiness during the day?	❑ Yes ❑ No
☐ Is your child overweight?	❑ Yes ❑ No
☐ Does your child often have difficulty organizing tasks or activities?	❑ Yes ❑ No
☐ Does your child get easily distracted?	❑ Yes ❑ No
☐ Does your child often fidget with hands or feet, or squirm in seat?	❑ Yes ❑ No
☐ Does your child get congested frequently?	❑ Yes ❑ No
☐ Has your child been treated for reflux?	❑ Yes ❑ No
☐ Has your child been tested or diagnosed with ADHD?	❑ Yes ❑ No
Diet and Nutrition	
☐ Does your child sleep with milk or juice?	❑ Yes ❑ No
☐ Is your child on a special diet?	❑ Yes ❑ No
☐ Is your child a grazer/frequent snacker?	❑ Yes ❑ No
Oral Habits	
☐ Has your child ever used a pacifier? If so, what age did the habit stop?	❑ Yes ❑ No
☐ Does your child suck their thumb or fingers?	❑ Yes ❑ No
☐ Does your child grind their teeth?	❑ Yes ❑ No
☐ Does your child mouth breathe?	❑ Yes ❑ No
☐ Has your child been diagnosed with tongue or lip tie?	❑ Yes ❑ No
Speech Development	
☐ Has your child ever needed speech therapy?	❑ Yes ❑ No
☐ Do you have any concerns regarding your child’s speech?	❑ Yes ❑ No